

CHILDREN'S CENTER OF HAMDEN

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Testimony of Cheryl Smith, The Children's Center of Hamden
Related to
S.B. 981 – AN ACT CONCERNING THE PLACEMENT OF YOUNG CHILDREN IN CONGREGATE
CARE FACILITIES
&

H.B. 6340 - AN ACT CONCERNING THE PLACEMENT OF CHILDREN IN OUT-OF-STATE TREATMENT FACILITIES

Representative Urban, Senator Musto, Representative Fawcett, distinguished members of the Select Committee on Children, I would like to thank you for the time and attention you are giving these matters today. My name is Cheryl Smith. I am the Administrator for Residential Programs at The Children's Center of Hamden and have been at the facility for over 15 years. In addition, I hold a lead position within the Children's Sector at the Connecticut Association of Nonprofits and, therefore, speak for other member providers of children's services.

The first act I would like to speak about today is Senate Bill #981 – An Act Concerning the Placement of Young Children in Congregate Care Facilities. This bill specifically prohibits that children under the age of 6 and sibling groups with a child under the age of 6 are not placed in congregate care.

The Children's Center of Hamden opened the first Safe Home Program, Kid's Cottage, in the State of Connecticut in April of 1999. Safe Homes were originally developed to provide assessment services to children, including sibling groups, in order to plan for permanency in their lives. Most of the children, in 1999, were placed in safe homes as a first time placement when there were concerns about abuse and/or neglect in their homes.

The first admission to Kid's Cottage in 1999 was a sibling group of six children. There are few foster homes in the state that could accommodate 6 children of varying ages all at the same time. The alternative would be for the children to, not only be separated from their parents and their living situation, but also from each other. Separation from their siblings could have increased the level of trauma for those children.

Over time, safe home programs have continued to be able to serve sibling groups. In the last year, through the re-procurement process, safe home programs have changed in order to provide specific, short term services focused on stabilizing and transitioning children home or to foster homes. Safe home programs are now able to invite parents into the program to enhance parenting skills and to incorporate parents into the entire treatment experience. However, if these sibling groups are no longer able to access these services, parents will not benefit from them either.

I would urge you to avoid separating sibling groups if at all possible. Over the 20+ years that I have been involved in residential treatment services, I cannot tell you how many youth have expressed sadness and devastation over lost siblings due to being separated for placement purposes. I don't believe that 6 year olds belong in institutional care without significant need, but I do believe that we should encourage families to stay together, even when parents are not available for them. When considering this bill, please consider brothers and sisters staying together as often as humanly possible.

The second act I would like to speak about is House Bill #6340 – An Act Concerning the Placement of Children in Out-of-State Treatment Facilities. I applaud all of you for taking a strong position in wanting to bring Connecticut's children home. I believe that if it were possible, none of Connecticut's children would need to leave the state in order to receive treatment services. There are currently over 300 children placed in out of state facilities. Children in out of state facilities spend approximately 60% more time in placement than children placed in residential treatment facilities within the state. This, of course, translates into spending more time in institutionalized care.

The Children's Center of Hamden's Residential Treatment Program has one of the shortest lengths of stay in the state. When youth come into our care, we target a 6-month or less length of stay, depending upon their treatment needs. Our data indicates that youth who leave when most satisfied with the program (4-6 months) tend to be more successful in the community.

The Department of Children and Families have consistently indicated that youth are placed in out of state care because there are not sufficient services in state to meet their specialized needs. Many providers are willing to provide those specialized services, however, there is a need for partnership in doing so. Our providers are willing to partner with the State of Connecticut to help children stay home – within our state.

Also, it is important to note that out of state providers often have a lower per diem rate than in state providers. However, there are costs that are not necessarily being considered. Travel costs for DCF workers and others who need to and should visit youth can be expensive and educational costs are not controlled out of state in the same ways they are in state. So, although these additional costs do not directly effect DCF's Board and Care Budget, they do continue to effect the taxpayers of Connecticut.

In short, I agree with this bill with one exception. The bill requires a reallocation of funds only for community based programs with no consideration for the needs of the youth who are currently out of state. Most youth in out of state placements are not easily integrated into the community directly. There is generally a lack of family centered treatment for youth placed far from home. Often children need a transition plan from out of state facilities to being within the state – intensive family or transitional treatment provided – and then integrated into the community. In addition, to prevent Connecticut's children from leaving the state for needed services, there will be a need to develop appropriate programs within the state which may require funding.

I would like to thank you for the opportunity to speak with you today and for taking time to consider these matters. Please contact me if I can be of help in any way, if you have questions, or if you'd like a tour of our safe home program. We'd be happy to have you.

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